

RESIDENT INFORMED CONSENT FORM

The Executive Office of Elder Affairs (Elder Affairs) is responsible for certifying and monitoring Assisted Living Residences (Residences) in Massachusetts, according to standards and requirements established by law. In order to determine that the Residence where I live meets the standards and requirements, Elder Affairs is required to review resident records.

Therefore, I give consent to Elder Affairs, its employees, and agents, to view my living quarters and to examine and photocopy, if necessary, my service plan, written progress reports and other appropriate documents on file at (name of Residence)

_____. I also give consent to be interviewed by staff or agents of Elder Affairs in private to assist Elder Affairs in the certification and monitoring process. All of the information collected will be maintained in confidence under the requirements of M.G.L. c. 66A.

Signature of Resident/Legal Representative

Date

Printed Name of Resident/Legal Representative